

Name
in
Full

Emily D Allmuth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

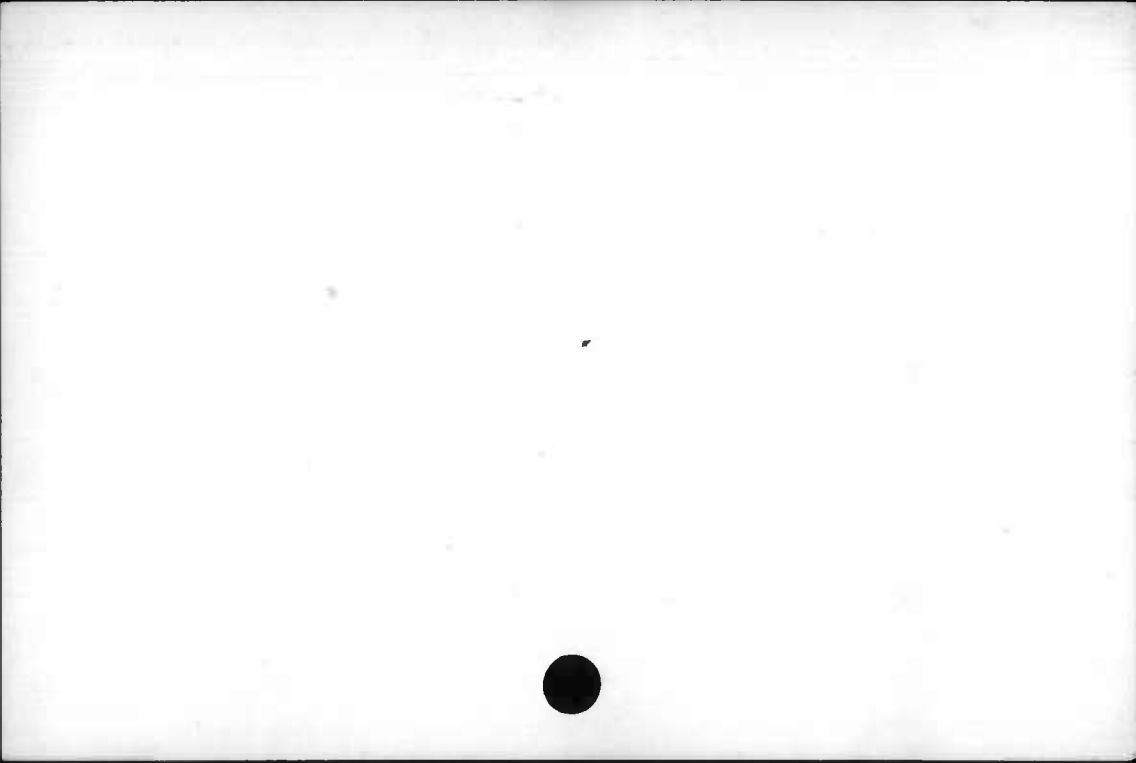
Died at <u>Danversville</u> ^{town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	<u>10</u> ^{Month}	<u>21</u> ^{Day}	Age <u>73</u> ^{Years}	<u>—</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Montg Co Md</u>		
Occupation <u>Housewife</u>	Where Reaiding if not at place of death <u>At place of death</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Benoni Allmuth</u>				
Father's Name <u>Benoni Dawson</u>	Father's Birthplace <u>Montg Co Md</u>				
Mother's Maiden Name <u>Sarah Jones</u>	Mother's Birthplace <u>Montg Co Md</u>				
Name of person giving Information <u>Mrs Nellie Allmuth</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

79

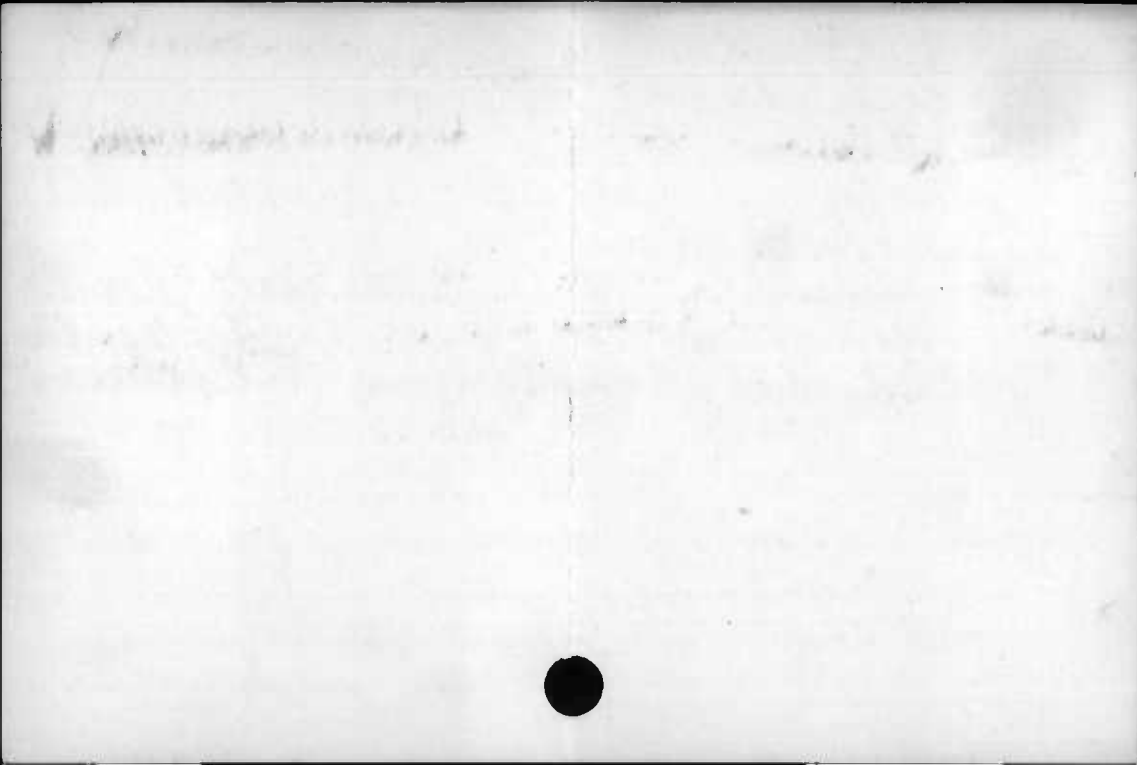
PHYSICIAN
OR CORONER

Primary <u>Senile decay</u>	How long <u>6 mo.</u>
Immediate <u>Cardiac insufficiency</u>	How long <u>7 mo.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>U. D. House</u>
	Address <u>Danversville Md.</u>
Accident or Suicide	



Name in Full		Richard Jonathan Benson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1908		Oct.	9	50	4	0
		Sex		Color or Race		Birth-place		
		male		white		Germanstown		
		Occupation		Where Residing if not at place of death				
		farmer		Washington D.C.				
Married, Single or Widowed		Name of Wife or Husband						
married		Elizabeth Benson						
Father's Name		Father's Birthplace						
William H. Benson		Unity						
Mother's Maiden Name		Mother's Birthplace						
Jane Trail		Middlebrook						
Name of person giving information		How related to deceased						
Mrs. W. J. Howdew		sister						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Ulcer of Stomach		3 Months.				
		Hæmatemesis		2 days.				
		Immediate						
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician				
				J. N. Singers.				
				Address				
				Germanstown, Md.				
Accident or Suicide?								

103



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

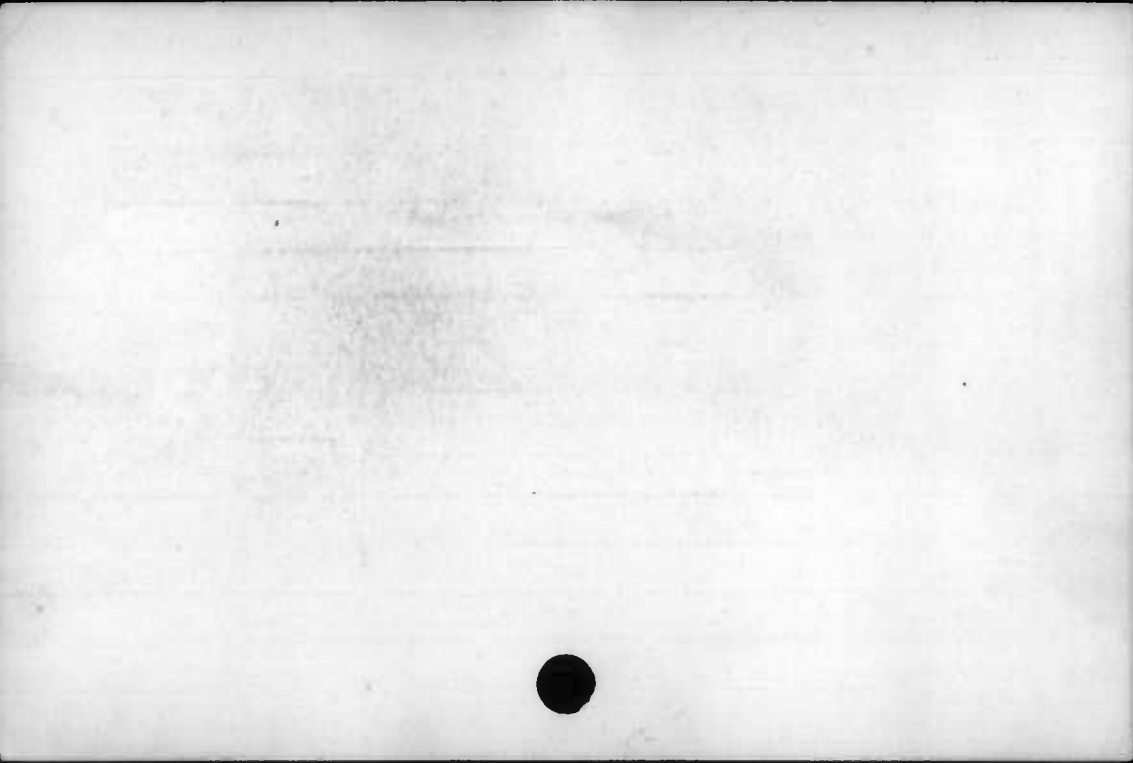
Name in Full <i>John Buchanan Brewer</i>		Town <i>Rockville, Md</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Rockville, Md</i>		Date of death <i>1908 October 22nd</i>		Age <i>57</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Rockville</i>		Days <i>18</i>	
Occupation <i>Lawyer & Justice of Peace</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Virginia Russell Brewer</i>					
Father's Name <i>John Brewer</i>		Father's Birthplace <i>Beallville</i>					
Mother's Maiden Name <i>Elizabeth Stewart Buchanan</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>John Brewer</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary <i>Cerebral Thrombosis</i>	How long <i>4 or 5 mts</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. M. Smith</i>
	Address <i>Rockville, Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Sarah Bryant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

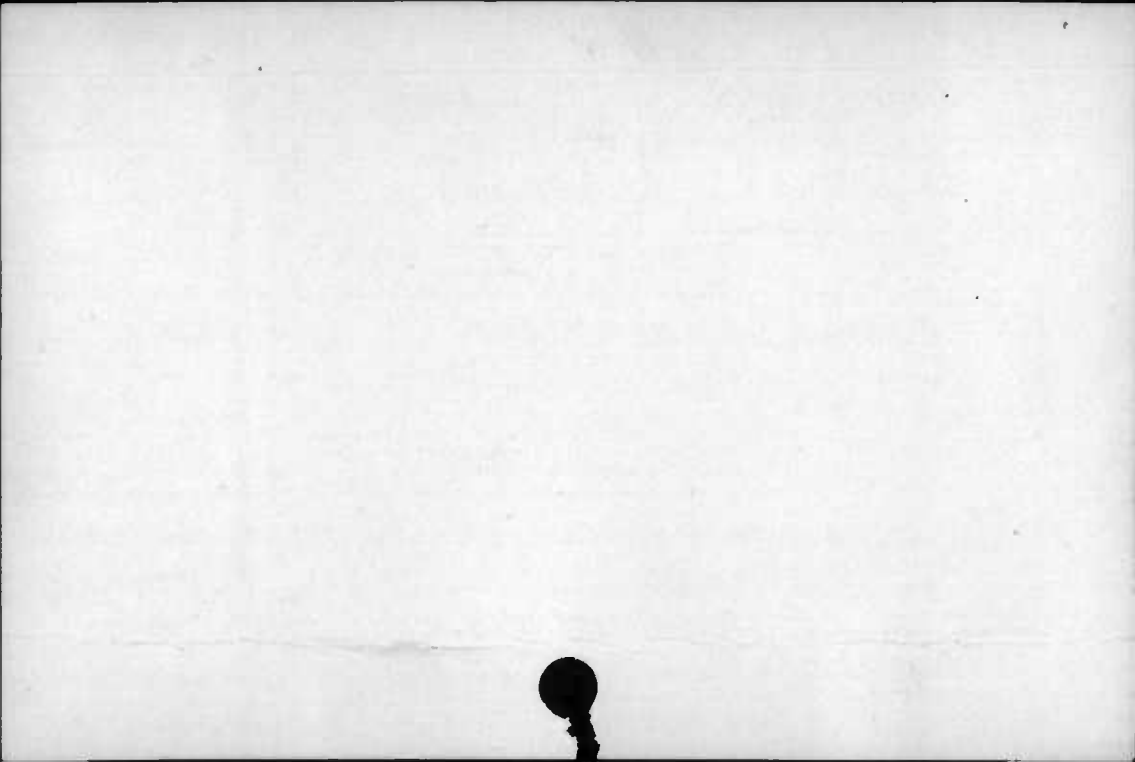
Died at <i>Takoma Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1908	Month	Oct.	Day	14	Age	60
Sex	female	Color or Race	colored	Birth-place	Va.		
Occupation	Domestic			Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace Va.					
Mother's Maiden Name		Mother's Birthplace Va.					
Name of person giving information		J. H. Winslow					
		How related to deceased Undertaker					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 mos.
Immediate	Respiratory failure	How long	X
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. L. Waters	
Address		1414 2 nd St. Wash. D.C.	
Accident or Suicide?			



Name
in
Full

Robert Henry Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Emory Grove* ^{Town} *Montz* ^{County}
Date of death *1904* ^{Month} *10* ^{Day} *18* Age *2* ^{Years} *2* ^{Months} *2* ^{Days}
Sex *M* Color or Race *Colored* Birth-place *Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert Henry Davis

Father's
Birthplace

Md

Mother's
Maiden Name

Emeline Waters

Mother's
BirthplaceName of person giving
In formation

Thos Davis

How related
to deceased

Grand father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Spasms

How long

3 hours

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

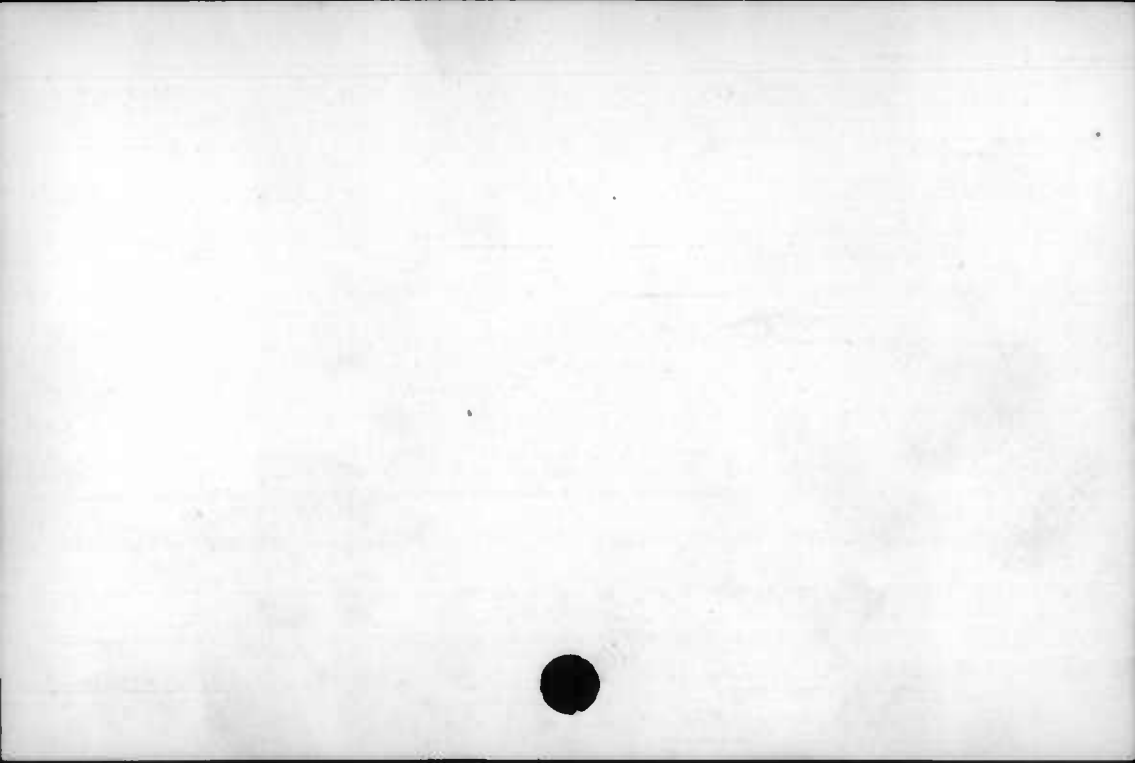
E. C. Etchison

Address

Gaithersburg

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Windsor</u> <u>Montgomery</u> County		MARYLAND	
Date of death 1908	Month <u>10</u>	Day <u>8</u>	Age <u>35</u>
Sex <u>Female</u>	Color or Race <u>negro</u>	Birth-place <u>Montgomery Co. Md</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>At place of death</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Perry Deane</u>		
Father's Name <u>Nathan Doyle</u>	Father's Birthplace <u>Montgomery Co. Md</u>		
Mother's Maiden Name <u>Mary Wilson</u>	Mother's Birthplace <u>Montgomery Co. Md</u>		
Name of person giving Information <u>H. D. House M.D.</u>	How related to deceased <u>husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bone felon</u>	How long <u>1 week</u>
Immediate <u>Septicemia</u>	How long <u>3 da.</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>H. D. House</u>
	Address <u>Dawsonville Ga.</u>
Accident or Suicide	



Name
in
Full

Pybrestin English

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

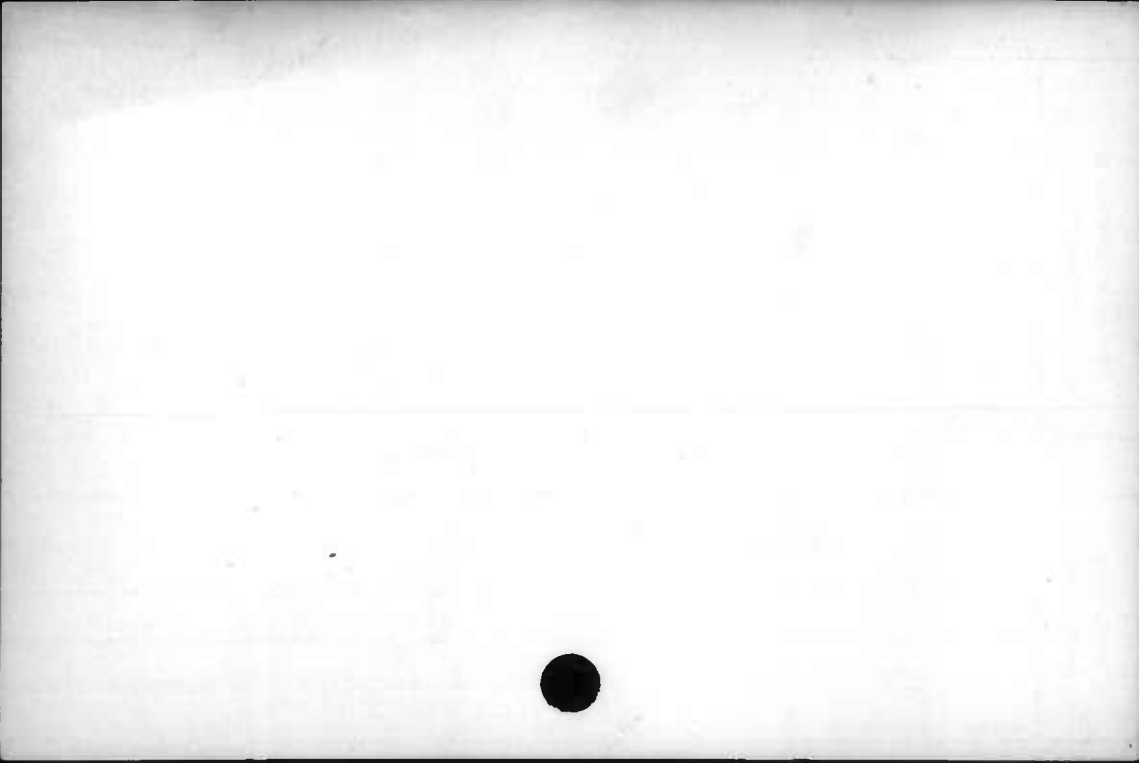
Died at <u>Saithsburg</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	1908	Month	10	Day	24
Age	69	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Annie English		
Father's Name	James English			Father's Birthplace	Maryland
Mother's Maiden Name	Mary Ellen Bean			Mother's Birthplace	Maryland
Name of person giving information	Mrs English			How related to deceased	Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	15 years
Immediate	1 week.
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	E. C. Etchison
Address	Saithsburg Md
Accident or Suicide?	



Name
In
Full

Thomas Fyffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

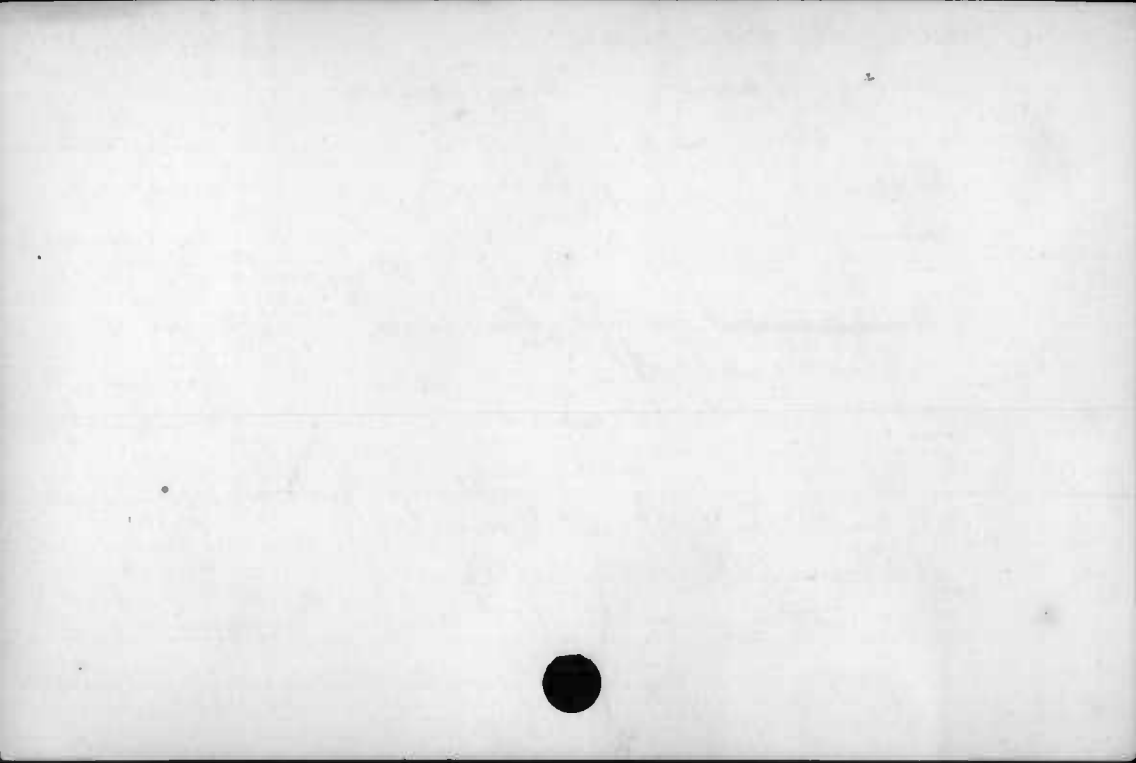
Died at <i>Poolesville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>67</i> ^{Years}	<i>5</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Poolesville</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Fyffe Offutt.</i>				
Father's Name <i>Thomas Fyffe</i>	Father's Birthplace <i>Poolesville</i>		Mother's Birthplace <i>Poolesville</i>		
Mother's Maiden Name <i>Elizabeth Jones</i>	Name of person giving information <i>M. Gertrude Pope</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>—</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. White</i>
	Address <i>Poolesville, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Frank M. Heaton

CERTIFICATE OF DEATH

Died at Chevy Chase

Montgomery County

MARYLAND

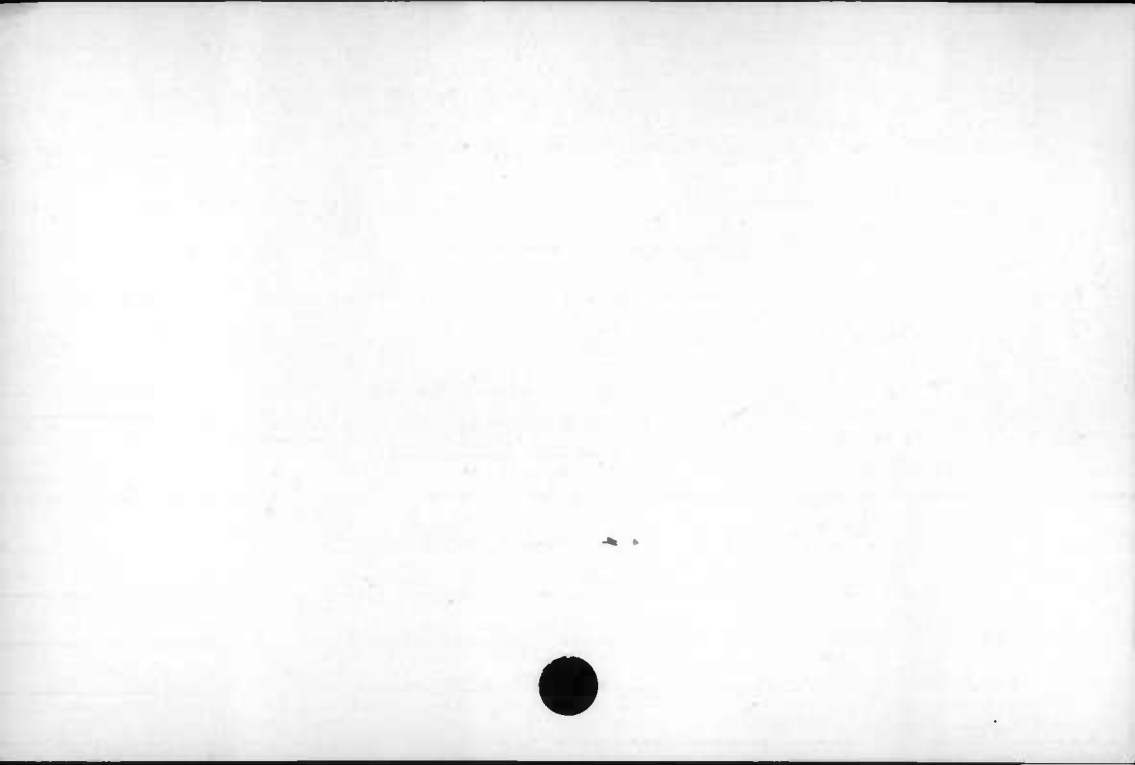
Date
of death 1908Month
10Day
30Age
74 YearsMonths
2Days
30Sex
maleColor or
Race whiteBirth-
place IndianaOccupation
LawyerWhere Residing if not
at place of death ☒Married, Single
or Widowed MarriedName of Wife or
Husband Mabel P. HeatonFather's
Name ~~Unknown~~ James HeatonFather's
Birthplace OhioMother's
Maiden Name UnknownMother's
Birthplace OhioName of person giving
In formation John L. Weaver ☒How related
to deceased Son-in-law

CAUSES OF DEATH

Primary
Accidentally run over byHow long ☒Immediate
Automobile by James PhillipsHow long ☒Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician John L. Lewis M.D.Address
Bristow, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Killeary Heston.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

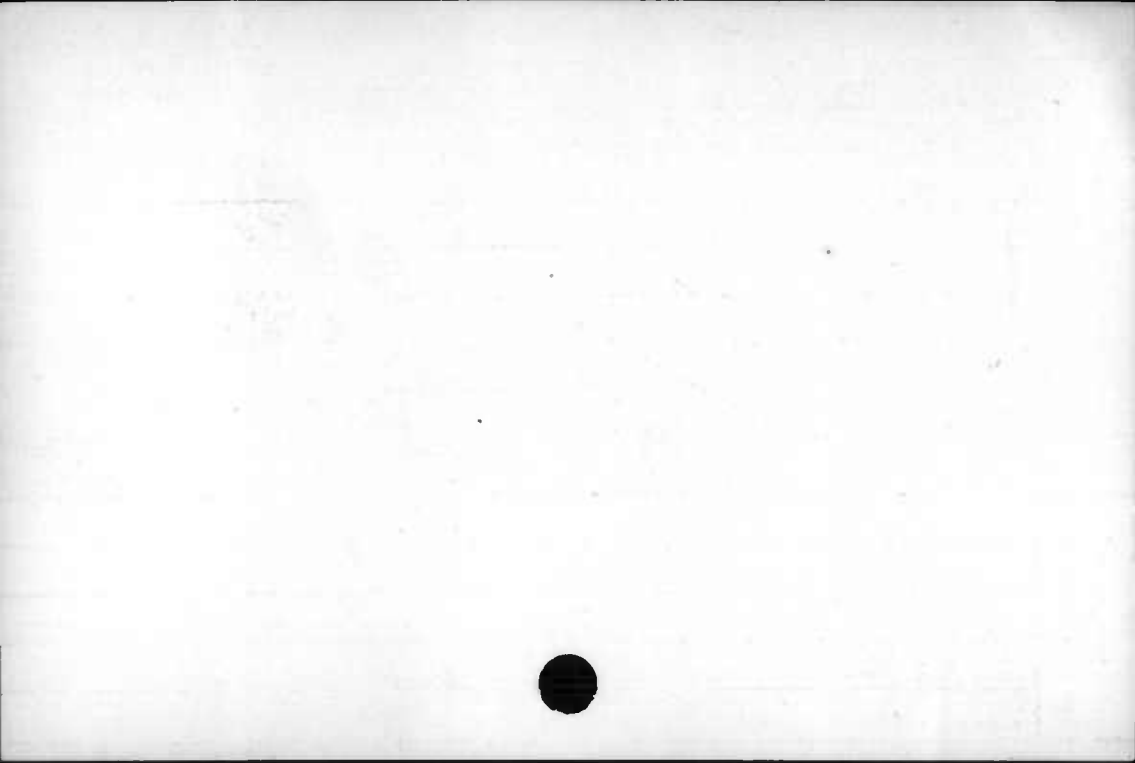
Died <i>near Rockville</i>			County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>17</i>	Age <i>65</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>B.</i>		Birth-place <i>W Md</i>		
Occupation <i>Janitor</i>			Where Residing if not at place of death <i>Washington D.C.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Don't know</i>				
Father's Name <i>Don't know</i>			Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Tom Nailor</i>			How related to deceased <i>No relation</i>			

CAUSES OF DEATH

120

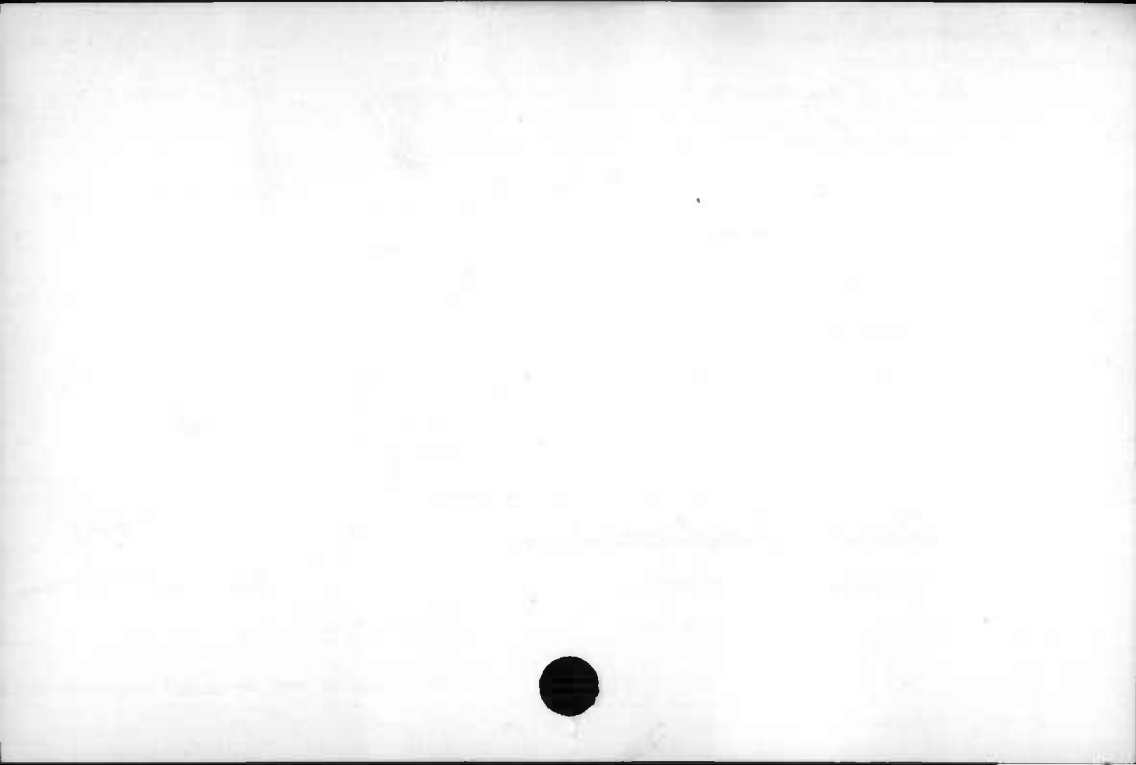
PHYSICIAN
OR CORONER

Primary <i>(Intestines ruptured)</i> <i>Chronic Bright Disease</i>	How long <i>several years</i>
Immediate <i>uraemic convulsions & coma</i>	How long <i>3 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Clairborne H. Mannard, M.D.</i>
	Address
Accident or Suicide? <i>No</i>	

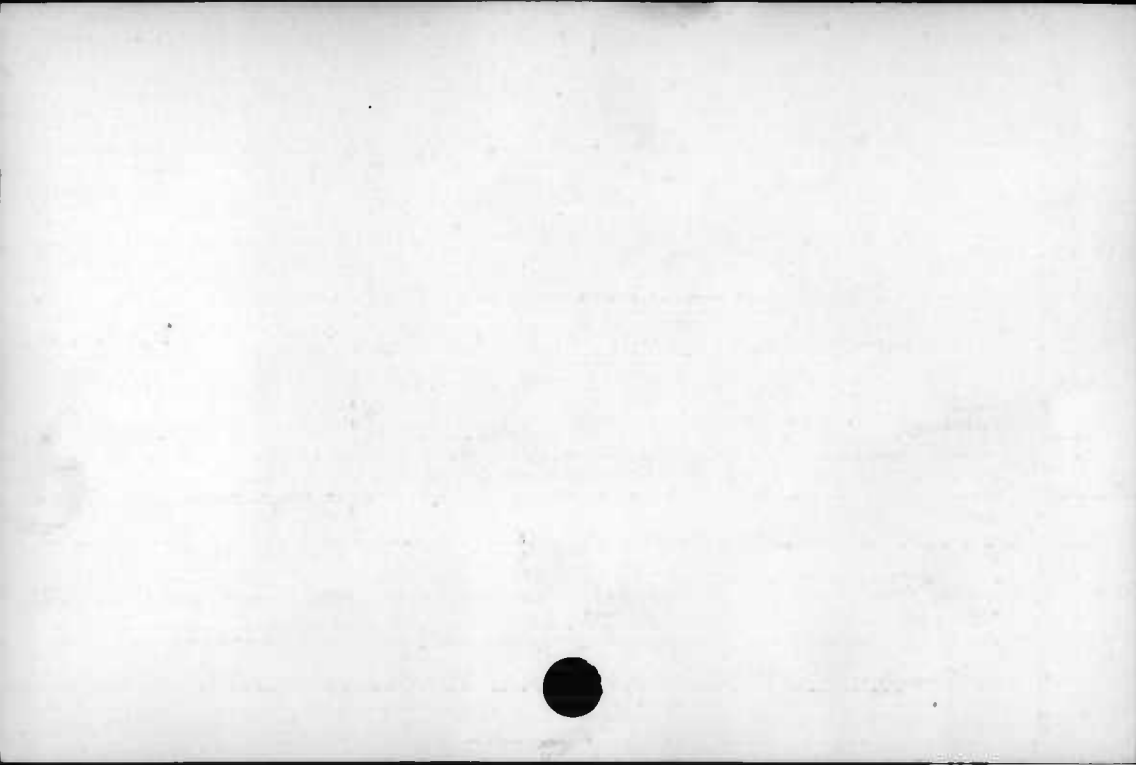


Name in Full		John Howard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sandy Spring		Montgomery		MARYLAND	
	Date of death	1908	Month Oct.	Day 4	Age 69	Years —	Months —
	Sex	Male		Color or Race	Colored		
	Occupation	Farmer hand		Birth-place	Montg. Co. Md.		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Louisa Howard		
	Father's Name	Alfred Howard		Father's Birthplace	Montg. Co. Md.		
Mother's Maiden Name	Charlotte Howard		Mother's Birthplace	Montg. Co. Md.			
Name of person giving information	Nancy Hodge		How related to deceased	Cousin			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's Disease			How long	About one year	
	Immediate	Cardiac Asthma			How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Chas. Farguhar	
				Address	Olney, Md.		
	Accident or Suicide?						

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Name in Full		Maria Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near <i>Raytownville</i>		^{County} <i>Montgomery</i>		MARYLAND	
		Date of death <i>1908</i> ^{Month} <i>Oct</i> ^{Day} <i>12</i>		^{Years} <i>75</i>		^{Months} <i>—</i> ^{Days} <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>	
		Occupation <i>Housekeeping</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Maurice Jackson</i>			
		Father's Name <i>Not known</i>		Father's Birthplace <i>Unknown</i>			
		Mother's Maiden Name <i>Lucy Waters</i>		Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>Gilbert Jackson</i>		How related to deceased <i>Son</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">104</div>							
PHYSICIAN OR CORONER		Primary <i>Acute Indigestion</i>		How long <i>Two days</i>			
		Immediate <i>Heart failure</i>		How long <i>several hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Dyson</i>			
				Address <i>Raytownville Ind</i>			
		Accident or Suicide?					



Name
in
Full

Rachael Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

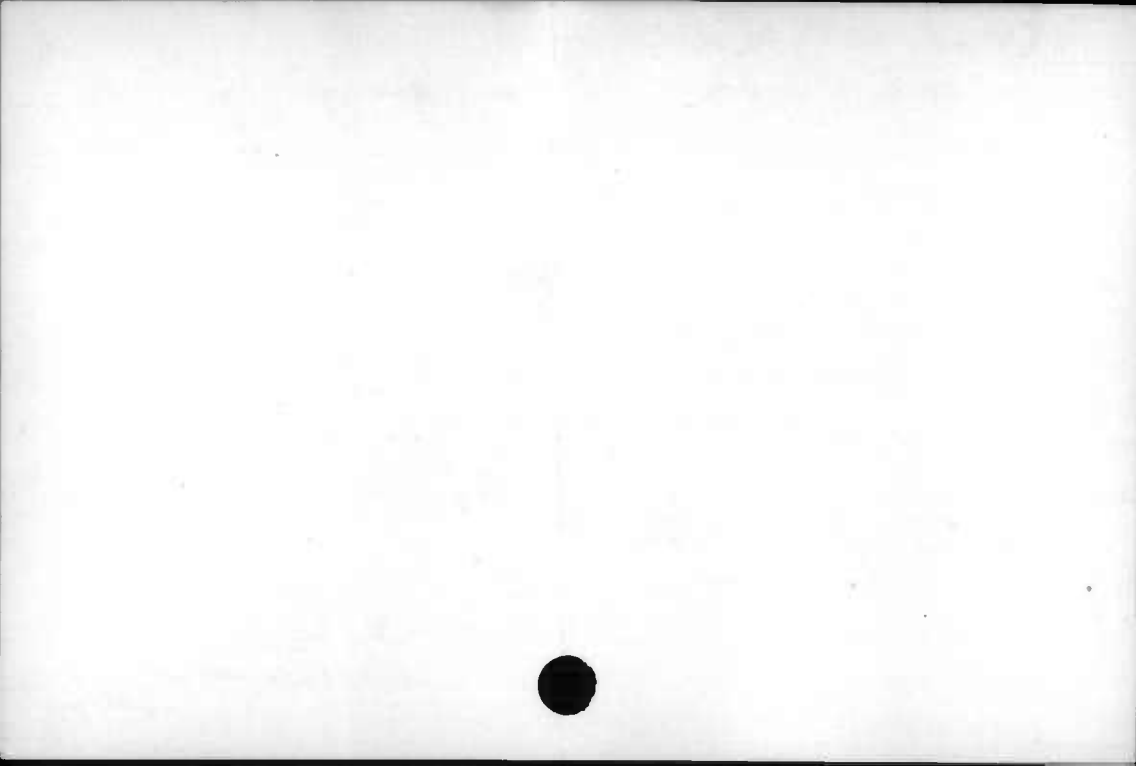
Died at <i>Lewisville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>22</i>
Age		<i>70</i>	Years	Months	<i>3</i>
Sex		<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place
Occupation		<i>None</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Peter Lewis</i>		
Father's Name	<i>Gas Simmons</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Agnes Thomas</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>William Lewis</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Apoplexy</i>	<i>one hr</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes.</i>	<i>W. J. Brown</i>
Accident or Suicide?	Address
	<i>Silver Spring Md</i>



Name
in
Full

Karl Louis Ludlum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Alta Vista</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death <i>1908</i>	<i>10</i> ^{Month}	<i>11</i> ^{Day}	<i>2</i> ^{Years}	<i>1</i> ^{Months}	<i>✓</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>D.C.</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Samuel S. Ludlum</i>			Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Clarissa M. Larmann</i>			Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Clarissa M. Ludlum</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tubercular infection through milk carrying bacilli</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Lewis</i>
	Address <i>Bethesda Md</i>
Accident or Suicide?	



Name
in
Full

Florence Martha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seneca</u> Town		<u>Montg</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>10</u>	Day	<u>10</u>
Age		<u>18</u>	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Negro</u>	Birthplace	<u>Seneca Md</u>
Occupation	<u>Domestic in country</u>				
Where Residing if not at place of death			<u>At place of death</u>		
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>		<u>-</u>			
Father's Name	<u>Richard Martin</u>		Father's Birthplace	<u>Montg Co Md</u>	
Mother's Maiden Name	<u>Mary Thomas</u>		Mother's Birthplace	<u>Montg Co Md</u>	
Name of person giving Information	<u>Ben Martin</u>		How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

(137)

PHYSICIAN
OR CORONER

Primary	<u>Abortion (self produced)</u>	How long	<u>3 wks before death</u>
Immediate	<u>Septicemia</u>	How long	<u>4 da.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>C. H. Rouse</u>	
		Address	
		<u>Seneca town Md</u>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

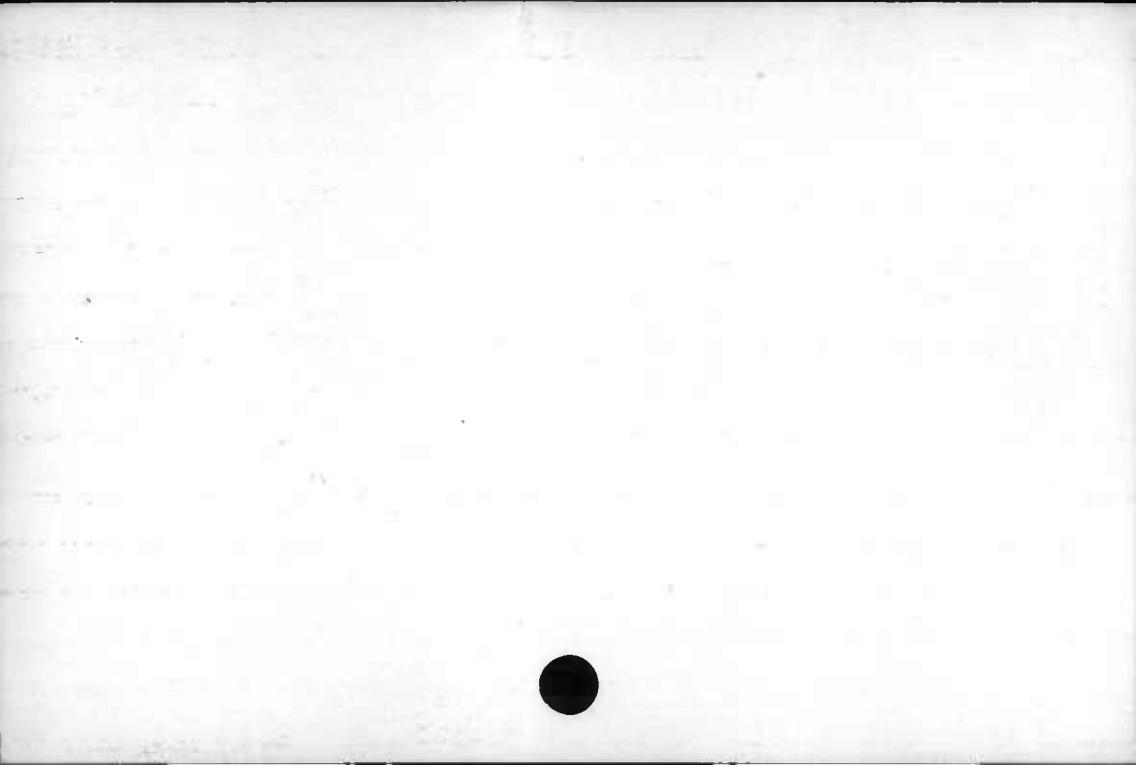
Died at <u>Baltimore</u>		Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1908</u>		Month <u>Oct</u>		Day <u>24</u>		Age <u>72</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Montgomery Co. Md.</u>		Months <u>7</u> Days <u></u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u></u>					
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>George L. Robertson</u>					
Father's Name <u>Hellard</u>		Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>B. F. Gibson</u>		How related to deceased <u>not related</u>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <u>Pericarditis of Stomach</u>	How long <u>1 year</u>
Immediate <u>Heart failure</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>29 Dec 5</u>
Accident or Suicide? <u></u>	



Name
In
Full

Mary A Roby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>10</i>	Day <i>10</i>	Age <i>89</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Ray</i>				
Father's Name <i>Sam'l Scott</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Elizabeth Lippert</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Wm H Baden</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Suspensions of age</i>	How long <i>Years</i>
Immediate <i>Exhaustion</i>	How long <i>Travel</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. M. Litchman</i>
	Address <i>Rockville MD</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Cornelius A Suddeth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cedar Grove* ^{Town} *Monty* ^{County} **MARYLAND**

Date of death *1904* Month *10* Day *2* Age *18* Years Months *4* Days *29*

Sex *M* Color or Race *W* Birth-place *Ind*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *S* Name of Wife or Husband

Father's Name *James H Suddeth* Father's Birthplace *Ind*

Mother's Maiden Name *Laura E Pickertts* Mother's Birthplace *Ind*

Name of person giving information *James S. Suddeth* How related to deceased *Brother*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *Acute nec in Abdomen* How long *45 days*

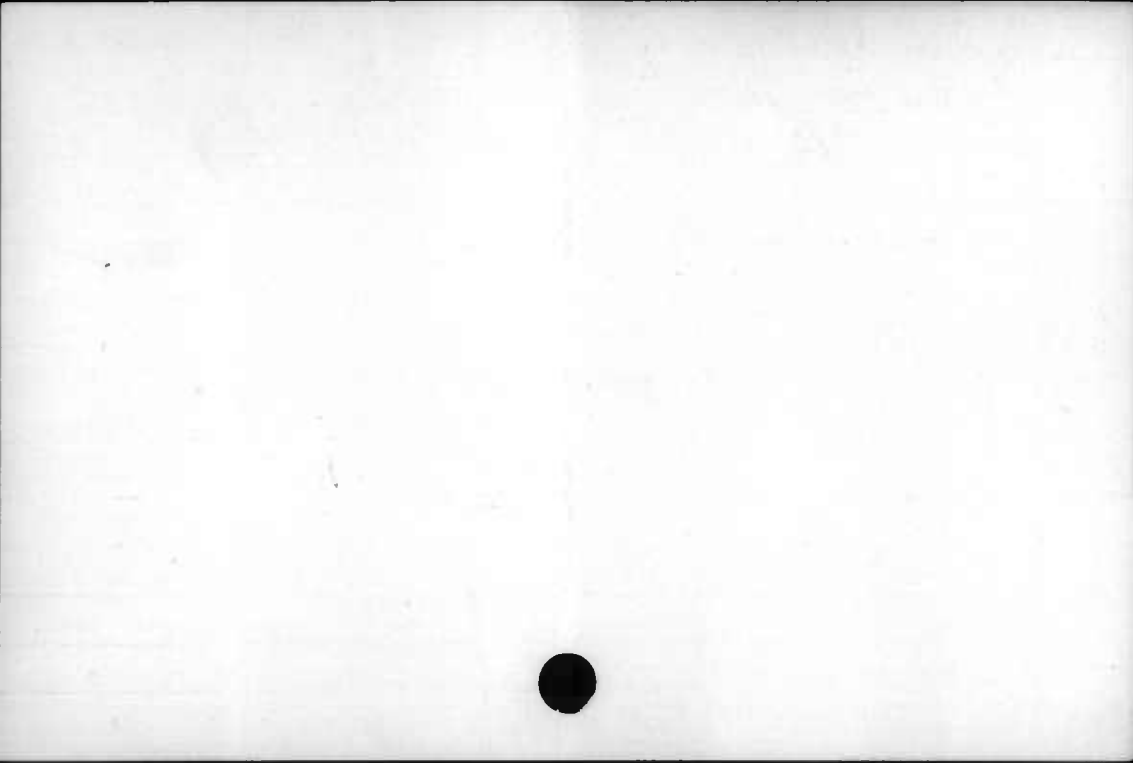
Immediate *Peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J E Seels*

Address

Accident or Suicide?



Name
in
Full

Sherman Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

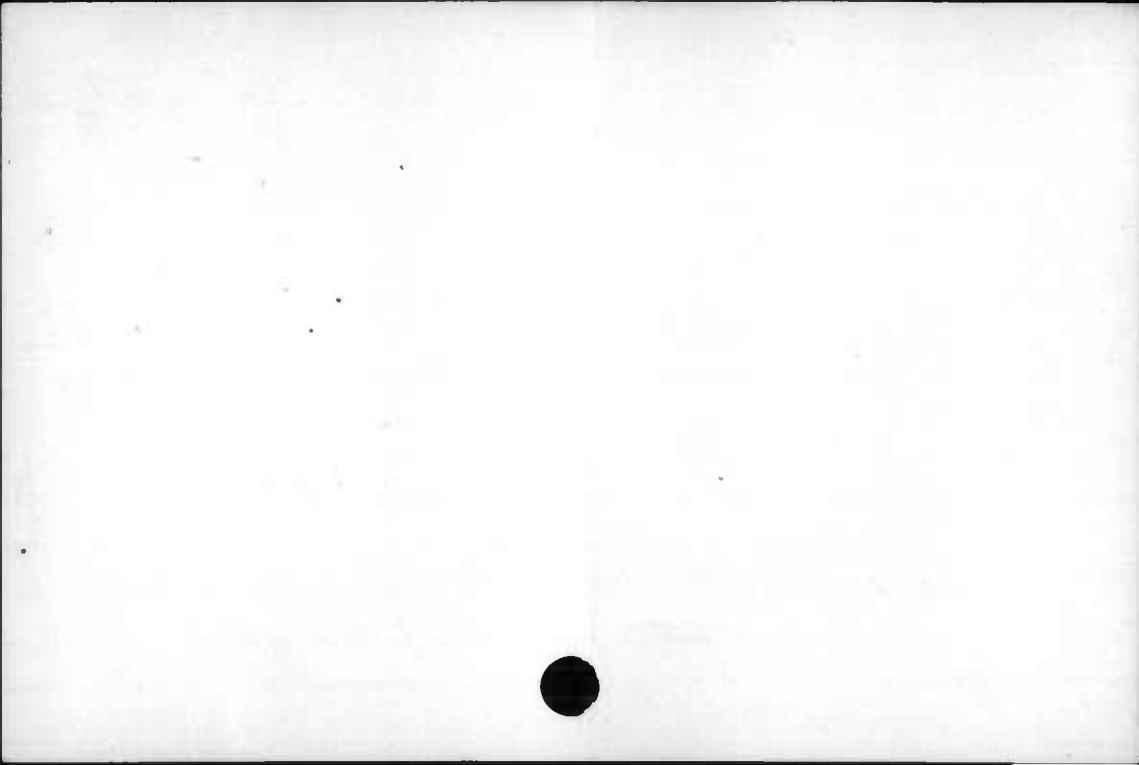
Died at Eduon Town		Montgomery County		MARYLAND	
Date of death 1908	Month Oct.	Day 22	Age 32	Months 3	Days 0
Sex Male		Color or Race White	Birth-place Md.		
Occupation Farmer			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of Wife or Husband Mary Tucker			
Father's Name Geo. Thos. Tucker			Father's Birthplace Md.		
Mother's Maiden Name Sarah Matilda Johnson			Mother's Birthplace "		
Name of person giving information " " "			How related to deceased Mother		

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 3 weeks
Immediate Syncope	How long 24 hrs.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. J. Brown
Yes.	Address Silver Spring Md.
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>German town</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>3</i>	Age <i>78</i>	Months <i>1</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Brookville Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>Hammond</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Elizabeth Magruder</i>			
Father's Name <i>Ignatius Waters</i>			Father's Birthplace <i>Montg's Co</i>		
Mother's Maiden Name <i>Miss Dorsey (Eliza)</i>			Mother's Birthplace <i>Montg's Co</i>		
Name of person giving information <i>C.C. Waters</i>			How related to deceased <i>Nephew</i>		

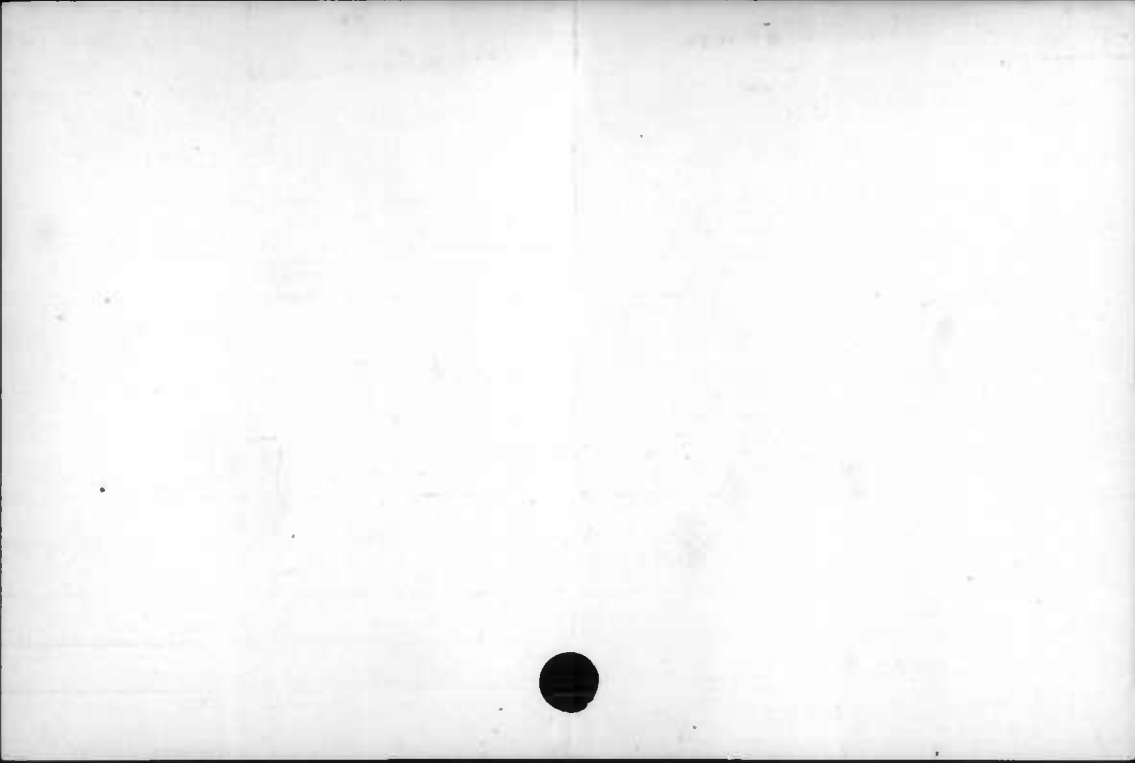
CAUSES OF DEATH

64

How long

PHYSICIAN
OR CORONER

Primary	—	How long	—
Immediate	<i>Cerebral Haemorrhage</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Simpers</i>	
		Address <i>German town Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lernwood</i>			Town <i>Montgomery</i>		County		MARYLAND			
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>7th</i>		Age <i>49</i>		Years	Months	Days
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>Ind</i>						
Occupation <i>Landlady</i>				Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jim Hill (separated)</i>								
Father's Name <i>John White</i>		Father's Birthplace <i>Unknown</i>								
Mother's Maiden Name <i>Emma David</i>		Mother's Birthplace <i>Ind</i>								
Name of person giving information <i>Henry White</i>		How related to deceased <i>son</i>								

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Central Insufficiency</i>	How long	<i>several years</i>
Immediate	<i>Central Insufficiency</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Henderson</i>	
		Address <i>Rockwell Ind</i>	
Accident or Suicide?			

